PUBLIC AFFAIRS & HISTORIAN QUARTERLY REPORT

Charter	Unit Name								Report Date	
Reporting Y	ear:	Quarter: Ja	n-Mar	A	pr-Jur	n [] Jul-Sep		oct-Dec	
Report prep	pared by: Last N	ame		Fire	st Nam	ne		Grade	CAP-ID	
Duty Position	on:									
Email addre	ess:							Phone:		
Mailing Address: Street or PO Box				City, State			State	Zip Code		
	Attach an ex	SECTION A			_	_		t Section Γ)	
Attach an extra sheet to provide the information Item Qty						Dates Activity				
Local media releases from Unit				۵.,			I	7.100.710		
2. Local mo	edia CAP news	stories with photos	s							
	s to CAP News	г	_							
4. Release	s to Washington	Wings								
	edia releases									
	radio or televisionation identification	on broadcasts that	t you o	r your un	it spor	nsored c	r provide	ed to a sta	tion: (include	
		ements that you o								
'		,		•	·		•		,	
8. Unit Newsletter Name: (attach copies of each newsletter printed during the reporting quarter)										
	Attach an ex	SECTION tra sheet to provid		_		_	Commen	t Section [)	
1. Awards	and Promotions	•								
Member Na	ame		Award		Da	te	Com	ment		
2. Training										
Member Na	ıme		Туре о	r Class	Da	te	Loca	tion		
		1	<u> </u>		ı		I			
3. Other U	nit Activities and	events (including	SAR mis	sions and	exercise	es)				
Member Name			Type or Class Date			Loca	Location			
		•					•			
4. Unit Cal	endar (List signific	ant unit activities for n	ext quar	ter)						
Dates Activity			Location							
		-				1				

WAWG Form 20 Revised 1 July 2010 Previous editions may be used OPR: WAWG/PA

PUBLIC AFFAIRS & HISTORIAN QUARTERLY REPORT

SECTION C – CONTACT INFORMATION												
Unit Public Affairs Officer: Last Name	First Name	First Name			CAP-ID							
Email address:			Phone:									
Mailing Address: Street or PO Box		City,	State		Zip Code							
Unit Historian: Last Name	First Name			Grade	CAP-ID							
Email address:				Phone:	-							
Mailing Address: Street or PO Box	City,	State		Zip Code								
Unit Commander: Last Name	First Name			Grade	CAP-ID							
Email address:	•			Phone:								
Mailing Address: Street or PO Box		City,	State		Zip Code							
SECTION D – ADDITIONAL INFORMATION & COMMENTS												

WAWG Form 20 Revised 24 May 2010 Previous editions may be used OPR: WAWG/PA